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CONFIRMATION NO. 6357

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| SERIAL NUMBER 10/078,927 | FILING DATE 02/19/2002 RULE | CLASS 435 | GROUP ART UNIT 1656 | ATTORNEY DOCKET NO. SJ-01-0032 | | | | | | |
| APPLICANTS ✓ Thomas Curran, Mamphis, TN; ✓ Lakhu Keshvara, Cordova, TN; <i>DJS</i> ** CONTINUING DATA ***** <i>NONE - DJS</i> ** FOREIGN APPLICATIONS ***** <i>NONE - DJS</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/16/2002 | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i> Initials </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY TN </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 0 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 31 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 6 </td> </tr> </table> | | | | | Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i> Initials | STATE OR COUNTRY TN | SHEETS DRAWING 0 | TOTAL CLAIMS 31 | INDEPENDENT CLAIMS 6 | |
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| ADDRESS 28258 ST. JUDE CHILDREN'S RESEARCH HOSPITAL OFFICE OF TECHNOLOGY LICENSING 332 N. LAUDERDALE MEMPHIS , TN 38105 | | | | | | | | | | |
| TITLE Cyclin dependent kinase 5 phosphorylation of disabled 1 protein | | | | | | | | | | |
| FILING FEE RECEIVED 595 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table> | | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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